PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

	For (	Calendar Year 2019
1.	Name: Chiatian Could Glad Address: 45 Chiatnut Cornar, Lancager, M	the feet and
	Phone Number: (716) 901 - 4567	1406
2. a.	Title of Town Position: Youth Board	
Ъ.	Department, Agency, or other Governmental Agency or Entity:	
	Address and SBL No. of all real property within the Town of Lancaster in which you or other family member of your household has an ownership or other financial interest indicate each S.B.L. listed on the form as a primary residence, a business property are property.  Address & S.B.L. Number	or your spouse st. Please nd/or rental
]	Primary: Other:	
O	List the name and address of any partnership, unincorporated association or business of your spouse is a member, officer or employee in which you or your spouse has a proproprietor) interest, giving your position and/or your spouse's position, if any, partnership association or business. If none, please state not applicable (NA).	of which you or rietary (an with the
P	<u>Position</u> Organization	of Organization
_		

5.	stock or other ownership right with the corporation or limited	any corporation or limited partners or employee or of which you or you more than five percent (5%) of the ats, listing your position and/or your d partnership. If none, please state is	issued a legally or
	Name of Corporation or Limited Partnership	Address	Position
	NA		<u>1 Osttion</u>
6.	State the self-employment and that derived, during the previous none, please state not applicable	the general nature thereof, from whis calendar year, gross income in excee (NA).	ich you or your spouse cess of \$2,000.00. If
7. j	If you are unable after reasonable herein, so state and give reasons to	effort to obtain some or all of the in the inference of the inference of the second se	information required applicable (NA).
-			
8. H	ave you personally accepted any an personal gifts from family, tha nount: (If none, please state not a	gifts or donations with a value of \$ at are specific to your position? List applicable, NA).	75 or more, other t donators and dollar
Signature	of Reporting Individual		
M	all A		
Date	1/1/9	S. Carrier and C. Car	

RECEIVED TOWN OF LANCASTER, NY

MAR 18 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

	For Calendar Year 201
	Name: ALAN KURTZMAN
	Address: 6034 SAMANTHA LAR CHARCENTER N.Y 14032
	Phone Number: 406 - 208 /
l.	Title of Town Position: Secretary
•	Department, Agency, or other Governmental Agency or Entity:
	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Places
1	or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number
1 1 1	or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number  Primary: 16 Certal Aug 145203 104.82 -1-7
1 1 1	or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number
1 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number  Primary: 16 Central Aug 145203 104.82 1-7

5.	spouse is an officer, director or embeneficially owns or controls more	orporation or limited partnership of very ployee or of which you or your spouse than five percent (5%) of the issued at the state position and/or your spouse the state not appearship. If none, please state not appears	se legally or and outstanding
	Name of Corporation or Limited Partnership	Address	<u>Position</u>
	LANGSTER NEW YORKSH	one CORP 16 Pentral ADE LALAS	PRE
	TE CENTIME AND COR	P 16 Central AUE L	mantel Pro
6.	none, please state not applicable (N		or your spouse \$2,000.00. If
	Janelle Kuntzyan		
		Interior design	FIRM
7.	If you are unable after reasonable effort herein, so state and give reasons there	ort to obtain some or all of the inform fore. If none, please state not applica	nation required able (NA).
8.	Have you personally accepted any gift than personal gifts from family, that ar amount: (If pane, please state not appl	s or donations with a value of \$75 or specific to your position? List dona icable, NA).	more, other tors and dollar
	. 4//		
Signat	ure of Reporting Individual		
Date _	1/2	27/19	
File:cod	ethic2019		

TOWN OF LANCASTER, NY

MAR 14 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: Daniel W. Lipke
	Address: 12 Saint Anthony Street, Lancaster ny
	Phone Number: 716 - 860 - 5321 14086
2. a.	Title of Town Position: Youth Jam Board Member
b.	Department, Agency, or other Governmental Agency or Entity:
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
	Address & S.B.L. Number  Primary:
4.	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
F	Position Organization Address of Organization
	NIA

	spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%)</i> of the issued and outstanding with the corporation or limited partnership. If none, please state not applicable (NA).		
	Name of Corporation or Limited Partnership	Address	Position
	MIA		
6.	State the self-employment and the has derived, during the previous of none, please state not applicable	e general nature thereof, from whicalendar year, gross income in exc	ch you or your spouse ess of \$2,000.00. If
	MIA		
7.	If you are unable after reasonable herein, so state and give reasons the	effort to obtain some or all of the interest o	information required applicable (NA).
8.	Have you personally accepted any than personal gifts from family, the amount: (If none, please state not a	gifts or donations with a value of stare specific to your position? List pplicable, NA).	\$75 or more, other at donators and dollar
_~	ture of Reporting Individual	Mona C. 3/14	dipks 12019
Date	3/14/19		

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

	2017
1.	Name: Kevin Loftus
	Address: 3 Old Schoolhouse Rd. Lancaster
	Phone Number: 207-7492
2. a.	Title of Town Position: Town Attorney
	Department, Agency, or other Governmental Agency or Entity:
	Law Department
	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental
	Address & S.B.L. Number
	Primary: 3 Old Schoolhause Rd Lancaster NY 116,03-1-41
	Other:
(	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
]	Position Organization
<u>1</u>	Partner Chelos, Hordrik, Sparer + Mointe P.C. 434 Noin St. Butfulo NY 1420
_	Butfalo NY 1400

5.	List the name and address of any spouse is an officer, director or e beneficially owns or controls mo stock or other ownership rights, I with the corporation or limited page	re than five percent (5%	b) of the issued and or	ally or utstanding
	Name of Corporation			
	or Limited Partnership	Address		Position
	Chelus Hurdzik, Spayer +	None P.C. 43	8 Main St	Partne
		<u></u>	ottalo My	
6.	State the self-employment and the has derived, during the previous canone, please state not applicable (1)	general nature thereof, lendar year, gross incor <i>NA</i>	from which you or you ne in excess of \$2,00	our spouse 0.00, If
<b>7.</b>	If you are unable after reasonable et herein, so state and give reasons the	fort to obtain some or a refore. If none, please s	ll of the information tate not applicable (N	required
8. I t a	Have you personally accepted any gi han personal gifts from family, that a mount: (If none, please state not app	fts or donations with a varie specific to your posiblicable, NA).	value of \$75 or more, ition? List donators ar	other ad dollar
-		NΔ		
Signatur	re of Reporting Individual			
Date _	1 17 19			
File:codet				

#### RECEIVED TOWN OF LANCASTER, NY

MAR 2 1 2019

#### DIANE M. TERRANOVA

## ANNUAL STATEMENT OF FINANCIAL DISCLOSURE TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

	101 Calculat 1 Ear 20
Ĩ,	Name: Joseph L. MACIGIEWISKI Address: 96 OLDE STONE LN
	Phone Number: (716) 367-5869
2. a.	Title of Town Position: 17 Enchant Your Bonco
b.	Department, Agency, or other Governmental Agency or Entity:
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
	Address & S.B.L. Number  Primary: 96 OLDE STONE LN - 116.05-2-10.160  Other: 92 OLDE STONE LN - 116.05-2-10/692
	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
į	Position Organization Address of Organization
	AHAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	*

	<b>5.</b> .	stock or other ownership rights with the corporation or limited	ny corporation or limited partnersh remployee or of which you or your nore than five percent (5%) of the is s. listing your position and/or your partnership. If none. please state no	phonse legally or
		Name of Corporation or Limited Partnership	Address	Position
		Ny		
6.	11	State the self-employment and the has derived, during the previous cone, please state not applicable of the self-one.	e general nature thereof, from whice calendar year, gross income in exce (NA).  Lycome / Fo	th you or your spouse ses of \$2,000.00. If
7.	If he	you are unable after reasonable erein, so state and give reasons the	effort to obtain some or all of the ingerefore. If none, please state not app	formation required plicable (NA).
8,	Hav than amo	e you personally accepted any gipersonal gifts from family, that aunt: (If none, please state not app	fis or donations with a value of \$75 are specific to your position? List dolicable, NA).	or more, other constors and dollar
Signatu Date	ire p	Reporting Individual  3-21-19/	The same of the sa	
Signatu Date	ire p	Reporting Individual  3-21-19	The second secon	

TOWN OF LANCASTER, NY

MAR 1 4 2019

DIANE M. TERRANOVA

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: Cesar Marchioli
	Address: 2 Primose Ln. Williamsville, NY 14221  Phone Number: 21/2(2) 3221
	Phone Number: 716-631-3234
2. a.	Title of Town Position: Youth Bureau Board Meeting member
Ъ.	Department, Agency, or other Governmental Agency or Entity:
	Lancaster Youth Bureau
	TOUR DUREDY
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
	Address & S.B.L. Number
	Primary: 3905 Bowen Rd. #46 Lancaster
	Other:
	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
	Position Organization Address of Organization
_	Address of Organization  NA
-	

5	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> .		
	Name of Corporation or Limited Partnership	Address	<u>Position</u>
	NA		
6.	State the self-employment and the has derived, during the previous canone, please state not applicable (	general nature thereof, from which alendar year, gross income in excess NA).	you or your spouse of \$2,000.00. If
	NA		
7.	If you are unable after reasonable e herein, so state and give reasons the	ffort to obtain some or all of the information of t	ormation required licable (NA).
8.	Have you personally accepted any g than personal gifts from family, that amount: (If none, please state not ap		or more, other onators and dollar
Signa	ature of Reporting Individual		
Date	3/4/19		

## ANNUAL STATEMENT OF FINANCIAL DISCLOSURFOWN OF LANCASTER, NY TOWN OF LANCASTER

JAN 25 2019

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: Arthony J. Marrano
	Address: 45 Holl Valley Dr., Lancester, Ny 14086
	Phone Number: (716) 685-4652
2. a.	Title of Town Position: Youth Board
b.	Department, Agency, or other Governmental Agency or Entity:
<i>3.</i>	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
	Address & S.B.L. Number  Primary: 45 Hou Valley Da, Lawaster 145289 93, 4-9  Other: N/A
4.	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
	Position Organization Address of Organization

	5. List the name and address of any corporation or limited partnership of which you or you spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding with the corporation or limited partnership. If none, please state not applicable (NA).	
	Name of Corporation Or Limited Partnership  Address  Positi	on
	- Nr	_
		-
6.	State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).	
7.	If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).	
8.	Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA).	
Signa	ature of Reporting Individual	
Date	1/17/19	

TOWN OF LANCASTER, NY

MAR 2 9 2019

DIANE M, TERRANOVA
TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019 1. Phone Number: 716 807 b. Department, Agency, or other Governmental Agency or Entity: Town of Lauraster Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse 3. or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. Address & S.B.L. Number Primary: 128.00-3-17 ALGO Primary List the name and address of any partnership, unincorporated association or business of which you or 4. your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). Position **Organization** Address of Organization

5	List the name and address of any spouse is an officer, director or e beneficially owns or controls mo stock or other ownership rights, with the corporation or limited page	ore than five percent (5%) of the	ir spouse legally or issued and outstanding
	Name of Corporation or Limited Partnership	Address	Position
	_ N/A		
6.	State the self-employment and the has derived, during the previous canone, please state not applicable (	general nature thereof, from whalendar year, gross income in ex NA).	nich you or your spouse cess of \$2,000.00. If
7.	If you are unable after reasonable enherein, so state and give reasons the	ffort to obtain some or all of the crefore. <i>If none, please state not</i>	information required applicable (NA).
8.	Have you personally accepted any githan personal gifts from family, that amount: (If none, please state not apply the plant of the plan	ifts or donations with a value of are specific to your position? Liplicable, NA).	\$75 or more, other ist donators and dollar
Signat	ture of Reporting Individual  ushin J. McLacler  3-24-2019		

TOWN OF LANCASTER, NY
OSURIMAR 25 2019

DIANE M. TERRANDVA

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: Mark Me	lewski	
	Address: 9 Parliane	of LN, Lenesstee NY 14	10 76
	Phone Number: $7\mu - 2$	lewski - + LN, Lenesster, NY 14 28-3447	
2. a.	Title of Town Position: Di		
ъ.	Department, Agency, or other	er Governmental Agency or Entity:	
<i>3</i> .	or other family member of ye	real property within the Town of Lancaster our household has an ownership or other fine the form as a primary residence, a busing	inancial interest Please
	Address & S.B.L. Number Primary: 9 Par line on an Other:	7 LN, Lencester, NY 14086	,127.09-2-33
4.	owner/proprietor) interest, gi	any partnership, unincorporated association icer or employee in which you or your spourition and/or your spouse's pasiness. If none, please state not applicable	ouse has a proprietary (an osition, if any with the
	Position	Organization	Address of Organization
	Owner / Consultant	FECG Consulting, LCC	5651 Mein St
			Suite 8-133
			Williamsuille, MY
			142.2

5.	List the name and address of any spouse is an officer, director or obeneficially owns or controls mostock or other ownership rights, with the corporation or limited p	y corporation or limited partners, employee or of which you or you ore than five percent (5%) of the listing your position and/or your partnership. If none, please state is	ır spouse legally or issued and outstanding
	Name of Corporation or Limited Partnership	Address	Position
	N/A		
6.	State the self-employment and the has derived, during the previous on none, please state not applicable	e general nature thereof, from wicalendar year, gross income in ex (NA).	hich you or your spouse access of \$2,000.00. If
7.	If you are unable after reasonable herein, so state and give reasons the	effort to obtain some or all of the nerefore. <i>If none, please state not</i>	e information required t applicable (NA).
8.	Have you personally accepted any than personal gifts from family, that amount: (If none, please state not a state not a	gifts or donations with a value of at are specific to your position? Lapplicable, NA).	f \$75 or more, other ist donators and dollar
Signa	ature of Reporting Individual		
Date	3/2///		

TOWN OF LANCASTER, NY

SCLOSURER 1 4 2019

DANE M. TERRANOVA
TOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: JOHN MIKOLEY Address: 49 PARK BOSIEVARD
	Address: 49 PARK BOSIEVARD
	Phone Number: 7/6-983-1233
2. a.	Title of Town Position: Member
b.	Department, Agency, or other Governmental Agency or Entity:  ZOUNG LOARD OF APPEAUS
	address and SBL No. of all real property within the Town of Lancaster in which you or your spouse of other family member of your household has an ownership or other financial interest. Please addicate each S.B.L. listed on the form as a primary residence, a business property and/or rental roperty.
	rimary: 49 PARE BOULEVARD 115.26-2-11
	ther:
,	ist the name and address of any partnership, unincorporated association or business of which you or our spouse is a member, officer or employee in which you or your spouse has a proprietary (an wner/proprietar) interest, giving your position and/or your spouse's position, if any, with the artnership association or business. If none, please state not applicable (NA).
]	Organization Address of Organization
_	

5.	beneficia stock or	ally owns or cont other ownership	rols more than	ation or limited partnership of which or of which you or your spouse lefive percent (5%) of the issued and our position and/or your spouse's ip. If none, please state not applicate.	egally or l outstanding
	Name of or Limite	Corporation de Partnership		Address	Position
	Gilber	MAPLE,	LLC	4 WEST MAIN ST. LANCOSI	rec Member
6.	none, plea	self-employment ed, during the presse state not applia	icable (NA).	nature thereof, from which you or year, gross income in excess of \$2	r your spouse,000.00. If
<b>7</b>	If you are unherein, so s	unable after reasonate and give reason	nable effort to sons therefore.	obtain some or all of the informati If none, please state not applicabl	on required e (NA).
8.	Have you pothan persona amount: (If it	none, please state	e not applicable	·	ore, other rs and dollar
Signa		ting Individual			
Date	eri er	3-13-19			

TOWN OF LANCASTER, NY

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: Joyce A. Mohino
	Address: 25 Oh) Jchool House LANCHSTEN N
	Phone Number: 683 - 768 7
2. a.	Title of Town Position: ASSESS ME NT Review BOARD
b.	Department, Agency, or other Governmental Agency or Entity:
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spous or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number
	Primary: 25 OCD Schoolhous E 116-03-1-50
	Other:
4.	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
	Position Organization Address of Organization

6. State the self-employment and the general nature thereof, from which you or your spouss has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).  7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).  8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual	5.	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA).			
6. State the self-employment and the general nature thereof, from which you or your spouss has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).  7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).  8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual			Address	Position	
nas derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).  7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).  8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual					
7. If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).  8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual	6.	has derived, during the previous cale	ndar year, gross income in	which you or your spouse excess of \$2,000.00. If	
8. Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual					
than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual	7.	If you are unable after reasonable effort herein, so state and give reasons there	ort to obtain some or all of efore. <i>If none, please state</i>	the information required not applicable (NA).	
than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual					
than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).  Signature of Reporting Individual		X			
Jone a Men	8.	than personal gifts from family, that a	re specific to your position	ne of \$75 or more, other n? List donators and dollar	
	Sign	nature of Reporting Individual			
Date		Jone a Vale	w		
	Date	e			

TOWN OF LANCASTER, W

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: JILL MONACELLI
	Address: 440 LAKE AVE., LANCASTER
	Phone Number: 716-598-0500
	3,000
2. a.	Title of Town Position: ZONING BOARD OF APPEALS MEMBER
b.	Department, Agency, or other Governmental Agency or Entity:
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number  Primary: 440 LAKE, 115.20-2-13  Other:
	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
	Position Organization Address of Organization
-	

5.	spouse is an officer, director beneficially owns or controls stock or other ownership rice	any corporation or limited partnership of whor employee or of which you or your spouses more than five percent (5%) of the issued and the strength of the polynomial of the process and the polynomial of the process and partnership. If none, please state not applied the process of the process and partnership. If none, please state not applied the process of the process and partnership.	e legally or nd outstanding
	Name of Corporation or Limited Partnership	Address	Position
6.	State the self-employment and has derived, during the previou none, please state not applicable.	the general nature thereof, from which you as calendar year, gross income in excess of \$ ole (NA).	or your spouse 52,000.00. If
7.	If you are unable after reasonabherein, so state and give reasons	ole effort to obtain some or all of the informa s therefore. <i>If none, please state not applical</i>	ation required
8.	Have you personally accepted at than personal gifts from family, amount: (If none, please state no	ny gifts or donations with a value of \$75 or rethat are specific to your position? List donate applicable, NA).	nore, other ors and dollar
	<i>N/</i> ō		
Signa	ture of Reporting Individual  L Macelli		
Date _	1/21/19		

#### ANNUAL STATEMENT OF FINANCIAL DISCLOSURE TOWN OF LANCASTER, NY TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

DIAME M. TERRANDVA
TOWN CLERK

For Calendar Year 2019

1.	Name: Linda L. Miller Address: / Nashua Ct Lancaster, N.Y. 14	
	Address: / Mashua Ct Lancaster N.V. 14	08-6
	Phone Number: 7/6-683-6853	
		В
2. a.	Title of Town Position: 1) A PC - Wember	_
b.	Department, Agency, or other Governmental Agency or Entity:	
	DAPC	_
		_
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spor other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rente property.  Address & S.B.L. Number	
	Primary:	
4.	List the name and address of any partnership, unincorporated association or business of which your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).	ou or
	Position Organization Address of Organization	ization
	NA	_

5.	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> .		
	Name of Corporation Address or Limited Partnership	tion	
	NA NA	_	
		<u> </u>	
6.	State the self-employment and the general nature thereof, from which you or your spous has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).	e	
		_	
7.	If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).	_	
		_	
8.	Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dolla amount: (If none, please state not applicable, NA).	r	
	NA	-	
Signa	nature of Reporting Individual  Lenda L. Miller		
Date	Linda L. Miller 1-19-19	_	

TOWN OF LANCASTER, NY

MAR 2 0 2019

DIANE M. TERRANOVATOWN CLERK

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name:Ann Murphy				
	Address: 5/37 Willow brown Dr. W. Cluxence				
	Name: Ann Murphy Address: 5/37 Willowbrook Dr. W. Clavence Phone Number: 406.9164				
2. a.	Title of Town Position: DAPC Board				
b.	Department, Agency, or other Governmental Agency or Entity:				
3.	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number				
	Primary:				
	Other:				
4.	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).				
	Position Organization Address of Organization				

5.	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> .		
	Name of Corporation Address Position		
	h/a		
6.	State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).		
7.	If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).		
8.	Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA).		
Signa 	Sture of Reporting Individual  Ann Murphy  3/20/2019		

JAN 17 2019

## ANNUAL STATEMENT OF FINANCIAL DISCLOSURE TOWN OF LANCASTER

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: JESSE NIKONOWICZ
	Address: 138 G-RANT ST. DEARLY MINE
	Name: JESSE NIKONOWICZ  Address: 138 GRANT ST. DEDEW, N. Y. 14043  Phone Number: 716 683 - 4133 ELL 716 912 - 1199
2. a.	Title of Town Position: MEMBER, INDUSTRIAL DEV. AGENCY.
b.	Department, Agency, or other Governmental Agency or Entity:
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
	Address & S.B.L. Number  Primary: NONE
	Other:
<b>.</b>	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
	<u>Position</u> <u>Organization</u> <u>Address of Organization</u>
	NONE

5.	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> .		
	Name of Corporation or Limited Partnership	Address	<u>Position</u>
	NONE		
6.	none, please state not applicab	the general nature thereof, from whas calendar year, gross income in excle (NA).	ich you or your spouse cess of \$2,000.00. <i>If</i>
7.	If you are unable after reasonable herein, so state and give reasons	le effort to obtain some or all of the stherefore. If none, please state not	information required applicable (NA).
8.	amount: (If none, please state no	ny gifts or donations with a value of that are specific to your position? Litt applicable, NA).	\$75 or more, other ist donators and dollar
Signa	ture of Reporting Individual	veg	

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

	For Calendar Year 2019
1.	Name: KFHN ETH L. OBRIEN III  Address: 29 LARESIDE CARS HAVE MY 14086  Phone Number: (716) 681 8477
2. a.	Title of Town Position: LTDA - MEN DEV JAN 29 2019
b.	Department, Agency, or other Governmental Agency or Entity:
	Village of LANCASTER' TrustES 'CVOW
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.
	Address & S.B.L. Number  Primary: 29 LAKES 1852 (VES LAKE 115,35,3-17  Other: 13 PONKULS Ct LANE 115,57, Z-13
	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).
	Position Organization Address of Organization
	VOLTRUSTES VOL 5740 Bluy
•	Doord Mem Der UDA (entra) Arg

5.	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than five percent (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any, with the corporation or limited partnership. If none, please state not applicable (NA).			
	Name of Corporation Address  or Limited Partnership  Position			
	HIT BANK Jonatian Plans Bflo V			
6.	State the self-employment and the general nature thereof, from which you or your spouse has derived, during the previous calendar year, gross income in excess of \$2,000.00. If none, please state not applicable (NA).			
7	If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).			
8.	Have you personally accepted any gifts or donations with a value of \$75 or more, other than personal gifts from family, that are specific to your position? List donators and dollar amount: (If none, please state not applicable, NA).			
	NO CONTRACTOR OF THE PROPERTY			
Signa	June of Reporting Individual for the first terms of			
Date	(1/22/19)			

TOWN OF LANCASTER, NY-

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: William ). Ostrander	
	Address: 200 Rudmanted Front 3. 14043	
	Phone Number: 16 - 570 - 4141	
2. a.	Title of Town Position: Wluyer, CDA	
ъ.	Department, Agency, or other Governmental Agency or Entity:	
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spoor other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.	use
	Address & S.B.L. Number	
	Primary: 200 Ruchante & Fast 5 Depar NV 14043 126-10-2	-)0
	Other: 1718 Caus tok & wed (accorder 14076 115-05-2-31) (Radio one Moperturius)	. 3
4.	List the name and address of any partnership, unincorporated association or business of which yo your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).	ı or
	<u>Position</u> <u>Organization</u> <u>Address of Organization</u>	ıtion
0	WMM-12adio One Bultalo, Dec 2900 Cenera St. Bullalo	_
	WY 14025	_

5.	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> .		
	Name of Corporation or Limited Partnership	Address	Position
Je	Cadio One Bollado, UC	2900 Crussee SL By	helo, pt 14221 cou
6.	State the self-employment and the has derived, during the previous none, please state not applicable	the general nature thereof, from vest calendar year, gross income in ele (NA).	which you or your spouse excess of \$2,000.00. If
7.	If you are unable after reasonabl herein, so state and give reasons	le effort to obtain some or all of t therefore. If none, please state n	he information required ot applicable (NA).
8.	Have you personally accepted an than personal gifts from family, tamount: (If none, please state no.	Dat are specific to your position?	of \$75 or more, other List donators and dollar
Signa	ature of Reporting Individual		
Date	3-17:19		

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

For Calendar Year 2019 1. LE CONCASTE NT 14086 Phone Number: JOSESSMENT Review BOB b. Department, Agency, or other Governmental Agency or Entity: 3. Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property. Address & S.B.L. Number Ja #145203-115 110-0017-027-00 9- H145201-104-070-0001-010-100 List the name and address of any partnership, unincorporated association or business of which you or 4. your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA). Position Address of Organization

5.	List the name and address of any of spouse is an officer, director or enbeneficially owns or controls more stock or other ownership rights, limited particularly with the corporation or limited particularly.	or your spouse legally or of the issued and outstanding	
	Name of Corporation or Limited Partnership	Address	Position
	John Ostrouski In		Presiden
	SJ Gordon Bue Concluder NT 1	Y08 6	
6.	State the self-employment and the has derived, during the previous ca none, please state not applicable (1	lendar vear, gross inco	from which you or your spouse me in excess of \$2,000.00. If
	Replan		
7.	If you are unable after reasonable e herein, so state and give reasons the	ffort to obtain some or erefore. <i>If none</i> , please	all of the information required state not applicable (NA).
8.	Have you personally accepted any g donators and dollar amount: (If non-	gifts or donations with e e, please state not appl	a value of \$75 or more? List icable, NA).
	N/B - N	0	
Signa	ture of Reporting Individual	The	
Date	3/19/2	0/9	

P. 2 No. 0531

File:codethic2018

#### EMPLOYEE ACKNOWLEDGMENT FORM

I have received a copy of the Town of Lancaster Harassment Prevention Policy adopted by the Town Board on March 18, 2019. I agree to review the policy and abide by it at all times.

Employee Name (Please Print)

Employee Signature

Date

RECEIVED Town of Lancaster, NY

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

1.	Name: John Parker			
	Address: 66 Bloomfield Ave Bepeal Ny 14043			
	Phone Number: 684-3761			
2. a.	Title of Town Position: Youth Bd member			
b.	Department, Agency, or other Governmental Agency or Entity:			
<i>3</i> .	Address and SBL No. of all real property within the Town of Lancaster in which you or your spouse or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.  Address & S.B.L. Number  Primary: 66 Bloom file of the form as a primary residence.			
	Other:			
4.	List the name and address of any partnership, unincorporated association or business of which you or your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).			
	<u>Position</u> <u>Organization</u> <u>Address of Organization</u>			
	NA			

5.	beneficially owns or controls more than five p	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent</i> (5%) of the issued and outstanding stock or other ownership rights, listing your position and/or your spouse's position, if any with the corporation or limited partnership. If none, please state not applicable (NA).		
	Name of Corporation A or Limited Partnership	<u>ddress</u> <u>P</u>	osition	
	NA			
6.	6. State the self-employment and the general natural has derived, during the previous calendar year, none, please state not applicable (NA).	are thereof, from which you or your sp gross income in excess of \$2,000.00.	oouse If	
7,	If you are unable after reasonable effort to obta herein, so state and give reasons therefore. If no	in some or all of the information requing the new please state not applicable (NA).	ired	
8.	Have you personally accepted any gifts or donat than personal gifts from family, that are specific amount: (If none, please state not applicable, National State of S	to your position? List donators and do	er ollar	
	gnature of Reporting Individual			
Date	ate 4-5-2019			

PLEASE ANSWER ALL QUESTIONS. Disclosure forms will not be accepted unless fully completed.

	Name: DAN PAVELSACK Address: 2 PINETREE DR			
	Address: 2 PINETREE DR			
	Phone Number: 283 - 4221			
a.	Title of Town Position: YOUTH BUREAU BOARD OF DIRECTORS			
b.	Department, Agency, or other Governmental Agency or Entity:			
	Address and SBL No. of all real property within the Town of Lancaster in which you or your spou or other family member of your household has an ownership or other financial interest. Please indicate each S.B.L. listed on the form as a primary residence, a business property and/or rental property.			
	Address & S.B.L. Number  Primary			
	Primary:  Other:			
	List the name and address of any partnership, unincorporated association or business of which you your spouse is a member, officer or employee in which you or your spouse has a proprietary (an owner/proprietor) interest, giving your position and/or your spouse's position, if any, with the partnership association or business. If none, please state not applicable (NA).			
	Position Organization Address of Organization			
	TOWN OF LANGASTER, NY  JAN 18 2010			

5.	List the name and address of any corporation or limited partnership of which you or your spouse is an officer, director or employee or of which you or your spouse legally or beneficially owns or controls more than <i>five percent (5%) of the issued and outstanding stock or other ownership rights</i> , listing your position and/or your spouse's position, if any, with the corporation or limited partnership. <i>If none, please state not applicable (NA)</i> .			
	Name of Corporation or Limited Partnership	Address	Position	
	- MA			
6.	State the self-employment and the has derived, during the previous none, please state not applicable	the general nature thereof, from which calendar year, gross income in excelle (NA).	ch you or your spouse ess of \$2,000.00. <i>If</i>	
	- M/A			
7.	If you are unable after reasonable effort to obtain some or all of the information required herein, so state and give reasons therefore. If none, please state not applicable (NA).			
8.	Have you personally accepted an than personal gifts from family, t amount: (If none, please state not	y gifts or donations with a value of the same specific to your position? List applicable, NA).	\$75 or more, other st donators and dollar	
Signa	ature of Reporting Individual	A Company of the comp		
Date	1/17/196			